



Volunteer Program
Annual Report October 1 — September 30

State/Administrative Office: _____

Completed by: _____

Phone: _____

Provide the total number of volunteers who provided at least one hour of service during the current fiscal year. (Include Groups – Count the total number of members within the group in your total number of volunteers.)

Provide the total number of hours donated. (Include Groups.)

Provide the total number of offices within your jurisdiction that used volunteer resources this fiscal year.

Provide the total number of offices within your jurisdiction.

Optional:

Volunteer success stories and/or volunteer management techniques.
